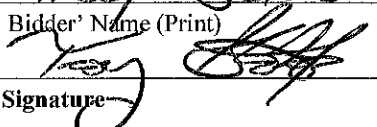


ATTACHMENT 5
BID/BIDDER CERTIFICATION SHEET

Only an individual who is authorized to bind the bidding firm contractually shall sign the Bid/Bidder Certification Sheet. The signature must indicate the title or position that the individual holds in the firm. This Bid/Bidder Certification Sheet must be signed and returned along with all "required attachments" as an entire package with original signatures. The bid must be transmitted in a sealed envelope in accordance with IFB instructions.

- A. Our all-inclusive bid is submitted in a sealed envelope marked "Bid Submittal - Do Not Open".
- B. All required attachments are included with this certification sheet.
- C. **I have read and understand the DVBE participation requirements and have included documentation demonstrating that I have met the participation goals.**
- D. The signature affixed hereon and dated certifies compliance with all the requirements of this bid document. The signature below authorizes the verification of this certification.
- E. The signature and date affixed hereon certifies that this bid is a firm offer for a 90-day period.

An Unsigned Bid/Bidder Certification Sheet May Be Cause for Bid Rejection

| | | |
|--|---|--|
| 1. Company Name Advanced Energy Services, Inc. | 2. Telephone Number 559-324-8280 | 2a. Fax Number 559-402-1368 |
| 2b. Email Address nathan@advancedenergysvcs.com | | |
| 3. Address 2491 Alluvial Ave. #480, Clovis, CA 93611 | | |
| Indicate your organization type: | | |
| 4. <input type="checkbox"/> Sole Proprietorship | 5. <input type="checkbox"/> Partnership | 6. <input checked="" type="checkbox"/> Corporation |
| Indicate the applicable employee and/or corporation number: | | |
| 7. Federal Employee ID No. (FEIN) 26-1043907 | 8. California Corporation No. C2995055 | |
| Indicate the Department of Industrial Relations information: | | |
| 9. Contractor Registration Number 1000007763 | | |
| Indicate applicable license and/or certification information: | | |
| 10. Contractor's State Licensing Board Number 904259 | 11. PUC License Number CAL-T- | |
| 12. Bidder's Name (Print) Troy Stokes | 13. Title RMO | |
| 14. Signature  | 15. Date 9/08/16 | |
| 16. Are you certified with the Department of General Services, Office of Small Business and Disabled Veteran Business Enterprise Services (OSDS) as: | | |
| a. Small Business Enterprise Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, enter certification number: 2002094 | | |
| b. Disabled Veteran Business Enterprise Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, enter your service code below: | | |
| NOTE: A copy of your Certification is required to be included if either of the above items is checked "Yes". Date application was submitted to OSDS, if an application is pending: _____ | | |
| 17. Are you a Non-Small Business committing to the use of 25% Certified Small Business Subcontractor Participation? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| If Yes, complete and return the Bidder Declaration form, GSPD-05-105 with your bid. | | |

CONTRACTOR'S NAME (Please Print):

| ITEM NO. | ESTIMATED QUANTITY | UNIT OF MEASURE | ITEM | UNIT PRICE (Price Per Unit of Measure) | TOTAL (Estimated Quantity X Unit Price) |
|--|--------------------|-------------------------------------|---|---|--|
| 1 | 57 | 1 Light-emitting diode (LED) Lights | Contractor shall install 57 LED lights in accordance with Exhibit A, Scope of Work. | \$ 51.77 | \$ 2,950.89 |
| 2 | 4 | Emergency light fixtures | Contractor shall install 4 emergency light fixtures in accordance with Exhibit A, Scope of Work. | \$ 158.86 | \$ 635.44 |
| 3 | 40 | 1 Hour | Contractor shall remove and dispose of all existing lighting fixtures in accordance with Exhibit A, Scope of Work. | \$ 73.77 | \$ 2,950.80 |
| 4 | 40 | 1 Hour | Contractor shall install a new emergency power supply source in accordance with Exhibit A, Scope of Work. | \$ 73.77 | \$ 2,950.80 |
| 5 | 40 | 1 Hour | Contractor shall connect/run the electrical power supply necessary to power the emergency lighting in accordance with Exhibit A, Scope of Work. | \$ 73.77 | \$ 2,950.80 |
| (1) THE ABOVE QUANTITIES ARE ESTIMATES ONLY AND ARE GIVEN AS A BASIS FOR COMPARISON OF BIDS. NO GUARANTEE IS MADE OR IMPLIED AS TO THE EXACT QUANTITY THAT WILL BE NEEDED. (2) IN CASE OF DISCREPANCY BETWEEN THE UNIT PRICE AND THE TOTAL SET FORTH FOR A UNIT BASIS ITEM, THE UNIT PRICE SHALL PREVAIL. | | | | TOTAL THIS PROPOSAL | \$ 12,438.73 |

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BIDDER DECLARATION

1. Prime bidder information (Review attached Bidder Declaration Instructions prior to completion of this form):

- a. Identify current California certification(s) (MB, SB, NVSA, DVBE): SB _____ or None ☐ (If "None," go to Item #2)
- b. Will subcontractors be used for this contract? Yes ☒ No ☐ (If yes, indicate the distinct element of work your firm will perform in this contract e.g., list the proposed products produced by your firm, state if your firm owns the transportation vehicles that will deliver the products to the State, identify which solicited services your firm will perform, etc.). Use additional sheets, as necessary.
Labor to replace lighting fixtures with new LED lighting fixtures

- c. If you are a California certified DVBE: (1) Are you a broker or agent? Yes ☐ No ☐
(2) If the contract includes equipment rental, does your company own at least 51% of the equipment provided in this contract (quantity and value)? Yes ☐ No ☐ N/A ☐

2. If no subcontractors will be used, skip to certification below. Otherwise, list all subcontractors for this contract. (Attach additional pages if necessary):

| Subcontractor Name, Contact Person, Phone Number & Fax Number | Subcontractor Address & Email Address | CA Certification (MB, SB, NVSA, DVBE or None) | Work performed or goods provided for this contract | Corresponding % of bid price | Good Standing? | 51% Rental? |
|---|---|--|---|---------------------------------|-------------------------------------|--------------------------|
| Red One Construction Mark Bender (559) 772-8264 (559) 772-8745 | 310 West Murray Ave Visalia, CA 93291 mark@redoneconstruction.com | DVBE | Electrical consulting | 5 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

CERTIFICATION: By signing the bid response, I certify under penalty of perjury that the information provided is true and correct.



Red One Construction
310 West Murray Ave Visalia CA 93291

Solicitation# 16-00609
Emergency Lighting and Power

September 8, 2016

Advanced Energy Services, Inc.
2491 Alluvial Ave. #480
Clovis, CA 93611
Lic# 904259
Tel: 559-324-8280
Fax: 559-402-1368

Subject: Solicitation# 16-00609
Emergency Lighting and Power Supply Installation and Light Fixture Replacement
2243 Cornelian Drive
South Lake Tahoe, CA

To Whom It May Concern:

Red One Construction will provide all required Electrical Consultation for the referenced project for the sum of:

\$620.28

Should you have need for further information, please do not hesitate to call me at (928) 210-2163.

Sincerely,

A handwritten signature in cursive script, appearing to read "Mark Bender", followed by a horizontal line.

Mark Bender
Project Manager
Red One Construction

SECTION 1. FILL IN THE FOLLOWING INFORMATION CONCERNING YOUR BUSINESS ENTERPRISE.

DISABLED VETERAN BUSINESS ENTERPRISE DECLARATIONS

Instructions: The Disabled Veteran (DV) owner(s) and DV manager(s) of the Disabled Veteran Business Enterprise (DVBE) must complete this declaration when a DVBE contract or subcontract is awarded. This declaration is a requirement of the Federal Acquisition Regulation (FAR) and is a condition of award. The DVBE must be a business enterprise owned and controlled by a disabled veteran or veterans. The DVBE must be a business enterprise owned and controlled by a disabled veteran or veterans. The DVBE must be a business enterprise owned and controlled by a disabled veteran or veterans.

SECTION 1Name of business DVBE: ABC DEF GHI JKL MNO PQR DVBE Fed. Number: 123456789Description of business (include NAICS code and SIC code): ABC DEF GHI JKL MNO PQRBusiness Address (include street, city, state, and zip): ABC DEF GHI JKL MNO PQR**SECTION 2**

APPLIES TO ALL DVBEs. Check only one box in Section 2 and provide original signature.

☒ I am a disabled veteran and the DVBE is my business enterprise, as defined in Military and Veterans Code Section 552.2 (c) (1) and (2). I am a disabled veteran and the DVBE is my business enterprise, as defined in Military and Veterans Code Section 552.2 (c) (1) and (2).

☐ I am a disabled veteran and the DVBE is my business enterprise, as defined in Military and Veterans Code Section 552.2 (c) (1) and (2). I am a disabled veteran and the DVBE is my business enterprise, as defined in Military and Veterans Code Section 552.2 (c) (1) and (2).

All DV owners and managers of the DVBE (attach additional pages with sufficient signature blocks for each person to sign)

Signature of DV Owner: ABC DEF GHI JKL MNO PQR (Date Signed) 12/12/12Signature of DV Manager: ABC DEF GHI JKL MNO PQR (Date Signed) 12/12/12Signature of DV Manager: ABC DEF GHI JKL MNO PQR (Date Signed) 12/12/12Signature of DV Manager: ABC DEF GHI JKL MNO PQR (Date Signed) 12/12/12Signature of DV Manager: ABC DEF GHI JKL MNO PQR (Date Signed) 12/12/12Signature of DV Manager: ABC DEF GHI JKL MNO PQR (Date Signed) 12/12/12**SECTION 3**

APPLIES TO ALL DVBEs THAT RENT EQUIPMENT AND DECLARE THE DVBE IS NOT A BROKER.

☒ I am a disabled veteran and the DVBE is my business enterprise, as defined in Military and Veterans Code Section 552.2 (c) (1) and (2). I am a disabled veteran and the DVBE is my business enterprise, as defined in Military and Veterans Code Section 552.2 (c) (1) and (2).

☐ I am a disabled veteran and the DVBE is my business enterprise, as defined in Military and Veterans Code Section 552.2 (c) (1) and (2). I am a disabled veteran and the DVBE is my business enterprise, as defined in Military and Veterans Code Section 552.2 (c) (1) and (2).

Disabled Veteran Owner(s) of the DVBE (attach additional pages with sufficient signature blocks for each person to sign)

Signature of DV Owner: ABC DEF GHI JKL MNO PQR (Date Signed) 12/12/12Signature of DV Owner: ABC DEF GHI JKL MNO PQR (Date Signed) 12/12/12Signature of DV Owner: ABC DEF GHI JKL MNO PQR (Date Signed) 12/12/12Signature of DV Owner: ABC DEF GHI JKL MNO PQR (Date Signed) 12/12/12Signature of DV Owner: ABC DEF GHI JKL MNO PQR (Date Signed) 12/12/12Signature of DV Owner: ABC DEF GHI JKL MNO PQR (Date Signed) 12/12/12Signature of DV Owner: ABC DEF GHI JKL MNO PQR (Date Signed) 12/12/12Signature of DV Owner: ABC DEF GHI JKL MNO PQR (Date Signed) 12/12/12Signature of DV Owner: ABC DEF GHI JKL MNO PQR (Date Signed) 12/12/12Signature of DV Owner: ABC DEF GHI JKL MNO PQR (Date Signed) 12/12/12Signature of DV Owner: ABC DEF GHI JKL MNO PQR (Date Signed) 12/12/12Signature of DV Owner: ABC DEF GHI JKL MNO PQR (Date Signed) 12/12/12Signature of DV Owner: ABC DEF GHI JKL MNO PQR (Date Signed) 12/12/12

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